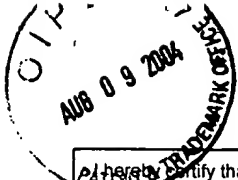


2171  
41

| AMENDMENT TRANSMITTAL LETTER   |                                  |                                 |                             |                             | Docket No.<br>34650-00659USPT |   |  |
|--|----------------------------------|---------------------------------|-----------------------------|-----------------------------|-------------------------------|---|--|
| Application No.<br>09/728,310-Conf. #6069  |                                  | Filing Date<br>December 1, 2000 |                             | Examiner<br>C. L. T. Nguyen |                               | Art Unit<br>2171                                  |  |
| Applicant(s): Jorgen Birkler et al.  |                                  |                                 |                             |                             |                               |   |  |
| Invention: MOBILE TERMINAL HAVING MULTIPLE PERSONAL INFORMATION MANAGEMENT FUNCTIONALITY   |                                  |                                 |                             |                             |                               |   |  |
| TO THE COMMISSIONER FOR PATENTS  |                                  |                                 |                             |                             |                               |   |  |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                 |                             |                             |                               |   |  |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                 |                             |                             |                               |   |  |
| CLAIMS AS AMENDED  |                                  |                                 |                             |                             |                               | RECEIVED<br>AUG 13 2004<br>Technology Center 2100 |  |
|  | Claims Remaining After Amendment | Highest Number Previously Paid  | Number Extra Claims Present | Rate                        |                               |   |  |
| Total Claims   |                                  | - 20 =                          | 0                           | x                           |                               |   |  |
| Independent Claims   |                                  | - 3 =                           | 0                           | x                           |                               |   |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                 |                             |                             |                               |   |  |
| Other fee (please specify):  |                                  |                                 |                             |                             |                               |   |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |                                  |                                 |                             |                             | 0.00                          |   |  |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                 |                             |                             |                               |   |  |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                 |                             |                             |                               |   |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.  |                                  |                                 |                             |                             |                               |   |  |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                 |                             |                             |                               |   |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                 |                             |                             |                               |   |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed.   |                                  |                                 |                             |                             |                               |   |  |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                 |                             |                             |                               |   |  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                 |                             |                             |                               |   |  |
| Ashley N. Moore<br>Attorney Reg. No.: 51,667   |                                  |                                 |                             | Dated: 8/6/04               |                               |   |  |
| JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION<br>1445 Ross Avenue, Suite 3200<br>Dallas, Texas 75202<br>(214) 855-4713   |                                  |                                 |                             |                             |                               |   |  |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                  |                                 |                             |                             |                               |   |  |
| Dated: 08-06-04  |                                  | Signature:  (Margo Barbarash)   |                             |                             |                               |   |  |



Al hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  
Dated: 08-06-04 Signature: [Signature]  
(Margo Barbarash)

Docket No.: 34650-00659USPT  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jorgen Birkler et al.

Application No.: 09/728,310

Art Unit: 2171

Filed: December 1, 2000

Examiner: C. L. T. Nguyen

For: MOBILE TERMINAL HAVING MULTIPLE  
PERSONAL INFORMATION MANAGEMENT  
FUNCTIONALITY

**RECEIVED**  
AUG 13 2004

Technology Center 2100

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated May 10, 2004 (Paper No. 6), please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.